

Signature of Employee & Date



New Employee Orientation Check Sheet

me of Employee:	
Department:	
H.R. FORMS RECEIVED AND/OR SIGNED	
Job Description	Drug Policy
Health Insurance Enrollment	Civil Service / Non Civil Service
TMRS-16 New Member Form	Direct Deposit
Beneficiary Designation	Medical History Questionnaire
W-4 Withholding Certificate	Worker's Compensation Statemen
Employment Eligibility Verification-I9	Criminal History Records Check
Emergency Notification Data	DOT Requirements/Procedures*
Open Records Act	Previous Drug Testing History*
Flexible Spending Benefit	Sexual Harassment Policy/Proced
Driving Record Check*	Discrimination Policy/Procedures
Employee Information Handbook	Acknowledgments
	* if applicable
H.R. EXPLANATION OF BENEFITS AND PR	<u>OCEDURES</u>
Fringe Benefits:	Probationary Period:
Health/Dental Insurance Programs	Purpose and Length
Life Insurance	Performance Evaluation
Retirement Program	
Vacation	Promotional Procedures:
Sick Leave	Job Announcements
Holidays	
Flexible Spending Benefit	

Human Resources Representative & Date

New Employee Orientation		
Topics:	Employee Assistance Program	
	Tuition Reimbursement	
	Deferred Compensation	
	Community Credit Union	
	Worker's Compensation	
	City Council Goals	
	Employee Newsletter	
	Benefit Program	

Supervisory/Worksite Information – Part 2 Department Orientation

Employee Information	Administrative Procedures	
Supervisor	Absence Reporting	
Chain of Command	Tardiness	
	Leave Requests	
ob Requirements	Lunch and Breaks	
Job Description		
Working Hours	Probationary Period	
Overtime Assignment	What is Expected	
Standby and Call-back Duty	Job Standards to be Met	
Personal Appearance/Uniforms	Evaluation Factors	
Courtesy Toward Public		
<u> </u>	General Information	
ules and Regulations	Location/Use of Bulletin Boards	
Disciplinary Action	Parking	
Grievance Procedure	Employee Newsletter	
Safety/Reporting Accidents		
Use of City Tools/Equipment	Other Information	
for Personal Use		
Policy and Procedures (City wide)		
<u> </u>		
Signature of Employee & Date	Signature of Supervisor & Date	